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## **DECLARATION** — Utility r D sign Pat nt Application

Disease all assessment and a		n Niverbar						C	andona addinas bata		
Direct all correspondence to:	Custome	r Number:	L			OR	XX.	corresp	ondence address below		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor											
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X Additional inventors or a legal re	presentative are bei	ing named on th	ne <u>l</u> s	uppleme	ental she	et(s) PT	O/SB/02A	or 02LR a	attached hereto.		

PTO/SB/02A (08-03)

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DECLARATION	Supplemen	3 of 3										
Name f Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor												
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